

Issued: 11/98

## Appendix 10 Preventive Services

*Please note that local anesthesia is included in the fee for procedures requiring anesthesia and is not separately billable. When a provider uses anesthesia, the anesthesia charge should be included in the amount billed for the procedure.*

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b><i>Dental Prophylaxis:</i></b>				
<b>01110</b>	Prophylaxis - adult	No* (see limitations)	>12	<p>One per 12-month period per provider.</p> <p>Three additional per year allowable with prior authorization.</p> <p>Not billable with periodontal scaling and root planing or periodontal maintenance procedure or periodontal scaling performed in presence of gingival inflammation.</p> <p>(Prior authorization may be granted for up to five years for permanently disabled recipients.)</p>
<b>01120</b>	Prophylaxis - child	No* (see limitations)	<13	<p>One (01120 or 01201) per six months per provider.</p> <p>Up to two additional per year allowable with prior authorization.</p> <p>Not billable with 01201.</p> <p>(Prior authorization may be granted for up to five years for permanently disabled recipients.)</p>
<b><i>Topical Fluoride Treatment (office procedure):</i></b>				
<b>01201</b>	Topical application of fluoride (including prophylaxis) - child	No* (see limitations)	<13	<p>One (01120 or 01201) per six months per provider.</p> <p>Up to two additional allowable per year with prior authorization.</p> <p>Not billable with 01120.</p> <p>(Prior authorization may be granted for up to five years for permanently disabled recipients.)</p>

**Key:**

\* - Frequency limitation may be exceeded only with prior authorization.

Issued: 11/98

### Appendix 10 Preventive Services (continued)

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b>01203</b>	Topical application of fluoride (prophylaxis not included) - child	Yes (see limitations)	<13	Up to four per year with prior authorization.  (Prior authorization may be granted for up to five years for permanently disabled recipients.)
<b>01204</b>	Topical application of fluoride (prophylaxis not included) - adult	Yes (see limitations)	>12	Up to four per year with prior authorization.  (Prior authorization may be granted for up to five years for permanently disabled recipients.)
<b>01205</b>	Topical application of fluoride (including prophylaxis) - adult	Yes (see limitations)	>12	Up to four per year with prior authorization.  Not billable with periodontal scaling and root planing.  (Prior authorization may be granted for up to five years for permanently disabled recipients.)  One per six-month period, per provider.
<b><i>Other Preventive Services:</i></b>				
<b>01351</b>	Sealant - per tooth	Yes (see limitations)	< 21	Prior authorization <i>is not</i> required for tooth numbers 2, 3, 14, 15, 18, 19, 30, 31.  Prior authorization <i>is</i> required for tooth numbers 1, 4-13, 16, 17, 20-29, 32, A-T, SN.  Narrative required in order to exceed once per three-year limitation on permanent first and second molars.

**Key:**

\* - Frequency limitation may be exceeded only with prior authorization.

Issued: 11/98

### Appendix 10 Preventive Services (continued)

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b><i>Space Maintenance (passive appliances):</i></b>				
<b>01510</b>	Space maintainer - fixed - unilateral	No	< 21	First and second primary molar only (tooth letters A, B, I, J, K, L, S, T only).  Limited to four per day; once per year per tooth.  A narrative is required to exceed the limitation.
<b>01515</b>	Space maintainer - fixed - bilateral	Yes (see limitations)	< 21	Once per year, per arch.  Prior authorization is required only for ages 13-20.  Narrative required to exceed frequency limitation, before age 13.
<b>01550</b>	Recementation of space maintainer	No	< 21	Limited to two per day.

**Key:**

\* - Frequency limitation may be exceeded only with prior authorization.

Issued: 11/98

## Appendix 10 Preventive Services (continued)

### PROPHYLAXES

#### COVERED SERVICES

##### ROUTINE PROPHYLAXIS SERVICES

Preventive services include routine prophylaxes (which includes scaling and polishing) for adults and children.

Wisconsin Medicaid covers routine prophylaxes including scaling and polishing:

- Once every six months for children through age 12.
- Once per year for recipients over the age of 12.
- Children ages 13-20 may receive one additional prophylaxis per year with prior authorization (PA).

##### PROPHYLAXIS SERVICES DONE IN A NURSING HOME OR FOR CHILDREN

To provide greater flexibility in scheduling when oral exams are provided to an adult nursing home resident or to children, the time period between oral evaluations may be as few as 330 days for adult nursing home residents and 160 days for children.

##### PROPHYLAXES AND FLUORIDE

When prophylaxes and fluoride are provided on the same date of service, they must be billed under a single procedure code rather than as two separate procedure codes.

#### PRIOR AUTHORIZATION

##### ADDITIONAL PROPHYLAXES COVERAGE

Additional prophylaxes are a covered benefit for recipients only with PA. The criteria for approval of additional prophylaxes require one or more of the following conditions:

- Mental or physical handicaps which impair oral hygiene.
- Recipient is taking medication which causes gingival hyperplasia.
- Recipient has another medical condition requiring additional prophylaxes.

A plan of care regimen with additional prophylaxes is routinely granted for 12 months, unless a longer period is specified in the PA request.

##### EXTENDED PRIOR AUTHORIZATION

PA for additional prophylaxes treatments for disabled recipients can be granted for up to five years if:

- The disability is permanent.
- The provider expects to see the recipient over an extended period of time.

##### DOCUMENTATION FOR PROPHYLAXES

The following information must be submitted on the PA request:

- Complete description of the recipient's oral condition.
- Past dental and medical history.
- Etiologic factors affecting the recipient's oral condition.
- Anticipated treatment plan and fees, including additional prophylaxes and fluoride treatment.

Issued: 11/98

## Appendix 10 Preventive Services (continued)

### PRIOR AUTHORIZATION (continued)

To obtain PA for more than 12 months, indicate (in addition to the information required on all PAs listed above) on the Prior Authorization Dental Request Form (PA/DRF) and Prior Authorization Dental Attachment (PA/DA):

- The period of time for which you are seeking PA.
- A statement to explain the permanency of the disability.
- The total number of annual and semi-annual prophylaxes requested. For example, if the recipient is a regular patient with a permanent disability, you can request three additional prophylaxes per year for five years (a quantity of 15 on the PA/DRF).

<b>TOPICAL FLUORIDE TREATMENT</b>
-----------------------------------

### COVERED SERVICES

**DEFINITION** Topical fluoride treatment is a covered benefit for children and adult recipients.

The application of topical fluoride treatment is allowed for children:

- Up to age 13.
- Once every six months.
- In conjunction with a prophylaxis.
- Without PA.

### PRIOR AUTHORIZATION

**DEFINITION** PA is required for fluoride services for children under age 13 in excess of one treatment per six months and for any fluoride treatment for recipients age 13 and over.

**ADDITIONAL FLUORIDE TREATMENT FOR CHILDREN** Up to two additional fluoride treatments per year may be approved for recipients under age 13 with PA.

**FLUORIDE TREATMENT FOR ADULTS** Fluoride treatments for recipients age 13 and over are covered if approved with PA.

**CRITERIA FOR COVERAGE** The criteria for approval of topical fluoride treatment require one or more of the following conditions:

- Rampant decay.
- Xerostomia.
- Radiation therapy to the head and neck.
- Cemental or root surface caries secondary to gingival recession.

Issued: 11/98

## Appendix 10 Preventive Services (continued)

- Mental and physical handicaps which impair oral hygiene resulting in high incidence of caries.

A plan of care regimen for topical fluoride treatment is routinely granted for 12 months, unless a longer period is specified in the prior authorization (PA) request.

### EXTENDED PRIOR AUTHORIZATION

PA for topical fluoride treatment for disabled recipients can be granted for up to five years if:

- The disability is permanent.
- The provider expects to see the recipient over an extended period of time.

The following information must be submitted on the PA request:

- Complete description of the recipient's oral condition.
- Past dental and medical history.
- Etiologic factors affecting the recipient's oral condition.
- Anticipated treatment plan and fees, including additional prophylaxes and fluoride treatments.

To obtain PA for more than 12 months, in addition to the information required on all PA requests listed above, indicate on the PA/DRF and PA/DA:

- The period of time for which you are seeking PA.
- A statement to explain the permanency of the disability.
- The total number of fluoride treatments requested. For example, if the recipient is a regular patient with a permanent disability, you could request four fluoride treatments per year for five years (a quantity of 20 on the PA/DRF)

<b>SEALANTS</b>
-----------------

### COVERED SERVICES

### HEALTHCHECK NO LONGER REQUIRED

Sealants are a covered service for recipients under 21 years of age. As of January 1, 1998, Wisconsin Medicaid no longer requires a HealthCheck exam before a recipient receives sealants.

Wisconsin Medicaid covers sealants (ADA procedure code 01351) for a child once every three years.

### PRIOR AUTHORIZATION

### DEFINITION

Sealants on the first and second permanent molars do not require PA. PA is required for sealants on all other teeth.

PA is required for tooth numbers 1, 4-13, 16, 17, 20-29, 32, A-T, SN.

Issued: 11/98

**Appendix 10**  
**Preventive Services**  
 (continued)

<b>SPACE MAINTAINERS</b>
--------------------------

**COVERED SERVICES**

**DEFINITION**

Space maintainers are a covered Wisconsin Medicaid service. Space maintenance therapy is covered to enable children to develop normal dental occlusion. This service includes coverage of missing anterior teeth, bilateral missing posterior teeth, and unilateral missing posterior teeth.

A space maintainer which includes a stainless steel crown (loop or distal shoe types) is reimbursed as a spacer plus a stainless steel crown. When a stainless steel crown is used instead of a band, the stainless steel crown must be separately identified.

PA is required for the space maintainer, fixed bilateral type, for children ages 13-20.

**SPACE MAINTAINERS  
DOCUMENTATION**

The PA request for space maintainers must include:

- Two bitewing radiographs.
- Anterior periapical radiograph for anterior space maintainers.
- A dentist's statement documenting one of the following:
  1. Evidence of premature loss of one or more primary teeth on both sides of the arch.
  2. Congenital absence of permanent teeth.
  3. Delayed eruption pattern due to certain medical conditions.
  4. Presence of supernumerary teeth.

**ADDITIONAL INFORMATION**

In addition to this summary, refer to:

- The preceding pages for a complete listing of Wisconsin Medicaid covered preventive services, procedure codes, and related limitations.
- Appendix 31 for a summary of required billing documentation.
- Appendix 24 for a summary of required documentation needed for PA requests.